



STATE OF WISCONSIN
DEPARTMENT OF REGULATION AND LICENSING
BARBERING AND COSMETOLOGY EXAMINING BOARD



CERTIFICATION OF TRAINING

This certification must be completed by a Wisconsin licensed instructor at a Wisconsin licensed barbering and cosmetology school or specialty school or Wisconsin Technical College to certify completion of training as a student or apprentice or of theory hours for the manager or instructor examination. This certification does not need to be completed if submitting proof of 4,000 hours of professional experience for the manager examination.

I do hereby certify that _____ has graduated on _____
(Applicant's Name) (Date)

from a course of instruction _____ which consists of _____
(Type of Training) (Hours)

hours of training and complies with Sec. 454.06 or 440.63, Wis. Stats. and Chapter BC 5 or BC 6, or RL65.03, Wis. Adm. Code.

I, _____, a certified instructor, under the penalties of perjury, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

Instructor Signature

Instructor
Certificate
Number

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School Name: _____

Address: _____

City, State, Zip Code: _____

(SCHOOL SEAL)



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APPRENTICE TRAINING RECORD CERTIFICATION

This certification must be completed if the applicant completed the required training as an apprentice. The certification must be completed by the manager of record in the establishment where the apprenticeship was served.

I do hereby certify that _____ Permit # _____
(Applicant's Name)

was trained as an apprentice at this establishment under my supervision

from _____ to _____ for a total of _____ hours.

I, _____, Manager of Record, under the penalties of perjury, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

Manager
Certificate
Number

Signature

Date

LICENSED BARBERING & COSMETOLOGY ESTABLISHMENT

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ESTABLISHMENT LICENSE #: _____